

Colorado's EHB Benchmark Plan

Option Reference:		Largest Small Group Plan	Mandates	
		A	Colorado Mandate	Federal Mandate
		Kaiser Ded/CO HMO 1200D		
		Enrollment:		
1. AMBULATORY PATIENT SERVICES				
a.	Primary care to treat illness/injury	√		FB
b.	Specialist visits	√		
c.	Outpatient surgery	√		
d.	Chiropractic (therapeutic, adjustive, manipulative)	NC		
e.	Chemotherapy services	√		
f.	Radiation therapy	√		
g.	Home health care	√	CO	
h.	Access to clinical trials	NC	CB	FB
i.	Genetic evaluation & counseling	Excluded, but available upon referral if inherited susceptibility for breast cancer or otherwise deemed medically necessary		
j.	Outpatient diagnostic labs, x-ray, and pathology	√		
k.	Infertility treatment services	NC		
l.	Sterilization	√		
m.	Telemedical Services	Not specified		
n.	Dental Injury	NC		
o.	Cleft Palate and Cleft Lip Conditions	√	CB	
p.	Oral Anti-Cancer Medication	√	CB	
q.	Acupuncture	NC		
r.	TMJ services	Some services if medically necessary		
s.	Orthotics	√		
t.	Vision Hardware	NC		

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		Enrollment: 13,703			
2. EMERGENCY SERVICES					
a.	Emergency room - Facility	√		FB	
b.	Ambulance service	√			
c.	Urgent care centers/facilities (Provider-type, not a benefit)	√			
3. HOSPITALIZATION					
a.	Inpatient medical and surgical care	√		FB	
b.	Bariatric surgery	NC			
c.	Organ & tissue transplants	√ Transplants limited to specified organs			
d.	Chemotherapy services	√			
e.	Radiation therapy	√			
f.	Anesthesia	√			
g.	Breast reconstruction	√		FB	
h.	Hospice	√	CB		
i.	Dental Anesthesia	NC			
4. MATERNITY AND NEWBORN CARE					
a.	Pre- & postnatal care	√	CB	FB	
b.	Delivery & inpatient maternity services	√	CB	FB	
c.	Newborn child coverage	√	CB	FB	
5. MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES, INCLUDING BEHAVIORAL HEALTH TREATMENT					
a.	Benefits for treating alcoholism & drug dependency	√		FB	
b.	Benefits for mental health services	√	CB	FB	
c.	Biologically-based mental illnesses and disorders	√	CB		
d.	Outpatient hospital & physician	√			
e.	Inpatient hospital	√			

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Carrier & Plan Name:					
Enrollment:					
6. PRESCRIPTION DRUGS					
a.	Retail	√			
b.	Mail service (home delivery)	√			
c.	Contraceptives	√		CB	FB
d.	Home infusion therapy	√			
7. REHABILITATIVE AND HABILITATIVE SERVICES AND DEVICES					
a.	Physical, speech & occupational therapy	√ Limit 20 each therapy per year			
b.	Massage Therapy	NC			
c.	Cardiac rehabilitation	√			
d.	Pulmonary rehabilitation	√			
e.	Durable medical equipment	√			FB
e.	Prosthetics - arm or leg	√		CB	FB
f.	Rehabilitative Services - outpatient	√			
g.	Skilled nursing & rehab (inpatient)	√ Skilled nursing limit 100 days per year			-
h.	Autism Spectrum Disorders	√		CB	
i.	Physical, occupational, speech therapy for congenital defects up to age 5	√		CB	
8. LABORATORY SERVICES					
a.	Lab tests, x-ray services, & pathology	√			
b.	Imaging/diagnostics (e.g., MRI, CT scan, PET scan)	√			

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9. PREVENTIVE AND WELLNESS SERVICES AND CHRONIC DISEASE MANAGEMENT				
a.	Preventive care	√	CB	FB
b.	Immunizations	√	CB	FB
c.	Colorectal cancer screening	√	CB	FB
d.	Screening mammography	√ Annually for women over 40; earlier based upon risk	CB	FB
e.	Vision Care (1 exam/24 months)	√ Hardware not covered		
f.	Audiology/hearing tests	√ Adult hearing aids not covered		
g.	Nutritional counseling	√		
h.	Smoking cessation program	√	CB	
i.	Allergy testing & injections	√		
j.	Diabetes - medically necessary equip. & supplies; education	√	CB	
k.	Screening Pap tests	√	CB	
l.	Annual gynecological exam	√		
m.	Annual prostate cancer screening	√	CB	FB
n.	Routine foot care	NC		
10. PEDIATRIC SERVICES, INCLUDING ORAL AND VISION CARE				
a.	Preventive care - physician svcs	√	CB	FB
b.	Immunizations	√	CB	FB
c.	1 routine eye exam per year, to age 19	√		
d.	Routine hearing exams, to age 19	√		
e.	Dental - diagnostic & preventive	NC		
f.	Dental - basic	NC		
g.	Dental - major	NC		
h.	Hearing aids to age 18	√	CB	
i.	Children's early intervention services	√	CB	
j.	Children's dental anesthesia	√	CB	
MISCELLANEOUS				
a.	Phenylketonuria (PKU) Testing and Treatment	√	CB	
b.	Private Duty Nursing	√		
NOTES				
1. Plan coverage of benefits may be subject to medical necessity				
1. Abbreviation Key				
√ : Indicates service is a covered benefit per plan documents.				
NC: Not Covered. Indicates service is not a covered benefit per plan documents.				
FB: Federal Mandate. Benefit required to be covered by federal law.				
CB: Colorado Mandate. Benefit required to be covered by Colorado law.				
CO: Colorado Mandated Offer. Benefit required to be offered as add-on to benefit package by Colorado law.				
2. Compilation Process				
Detailed enrollment and benefit information regarding each plan was submitted to DOI by each carrier. It was then summarized and compiled into this format. Where possible, we have included specified quantitative limits on benefits (eg, limited number of visits per year). However, table may not reflect all limitations on a particular benefit. Table does not include annual dollar limits on benefits, as these will be prohibited beginning in 2014.				